

**UNITED STATES DISTRICT COURT**

Western District of Washington

Darren Lee Smith

Plaintiff

vs.

Capital One

Defendant(s)

Case Number:

21-cv-05867-BHS**DECLARATION AND APPLICATION  
TO PROCEED IN FORMA PAUPERIS  
AND WRITTEN CONSENT FOR  
PAYMENT OF COSTS****DECLARATION AND APPLICATION TO PROCEED IN FORMA PAUPERIS**

I (print your name) Darren Lee Smith declare I am the plaintiff in this case; I believe I am entitled to relief; and I am unable to pay the costs of this proceeding or give security therefor. The nature of my action is *briefly* stated as follows: I am low income and on SSDI.

In support of this application, I answer *all* of the following questions:

1. Are you presently employed?

☐ Yes Total amount of net monthly salary (take home pay) \$ \_\_\_\_\_

Name and address of employer \_\_\_\_\_

☒ No Date of last employment 2016 Total amount of last net monthly salary \$ N/A

2. If married, is your spouse presently employed? ☒ Not married

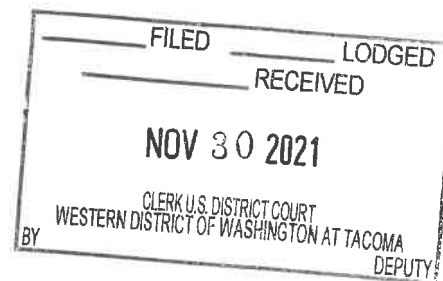
☐ Yes Total amount of spouse's net monthly salary (take home pay) \$ \_\_\_\_\_

Name and address of employer \_\_\_\_\_

☐ No Date of spouse's last employment \_\_\_\_\_ Total amount of last net monthly salary \$ \_\_\_\_\_

3. For the past twelve months, list the amount of money you and/or your spouse have received from any of the following sources.

a. Business, profession or other self-employment	\$ <u>0</u>
b. Income from rent, interest or dividends	\$ <u>0</u>
c. Pensions, annuities or life insurance payments	\$ <u>0</u>
d. Disability, unemployment, workers compensation or public assistance	\$ <u>0</u>
e. Gifts or inheritances	\$ <u>0</u>
f. Money received from child support or alimony	\$ <u>0</u>
g. Describe any other source of income <u>SSDI / &amp; SSDI</u>	\$ <u>800.00</u>



4. List the amount for each of the following for you and/or your spouse:

Cash on hand \$ 40      Checking Account \$ N/A      Savings Account \$ 0

5. Do you and/or your spouse own or have any interest in any real estate, stocks, bonds, notes, retirement plans, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? If Yes, describe the property and state its approximate value:

☐ Yes ☒ No \$ 0

6. Are any persons dependent upon you or your spouse for support? If Yes, state their relationship to you or your spouse, and indicate how much is contributed toward their support each month. (Do not include names of minor children.)

☐ Yes ☒ No \$ 0

7. Describe the types of monthly expenses you incur, such as housing, transportation, utilities, loan payments, or other regular monthly expenses and the amount spent each month.

gas, car, food, rent, utilities, household items, necessities. \$ 2,000.00

8. Provide any other information that will help explain why you cannot pay court fees and costs.

Rent is \$1,200. gas is \$60 food is \$500.00 self care \$100.00  
I only receive \$800 SSI/SSDI a month

I declare under penalty of perjury that the foregoing is true and correct.

11/23/2021 [Signature]  
Executed on: (Date)      Signature of Plaintiff (Required)

### WRITTEN CONSENT FOR PAYMENT OF COSTS UNDER LOCAL RULE CR3(c)

I, (print your name) Darren Lee Smith  
hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.

11/23/2021 [Signature]  
Executed on: (Date)      Signature of Plaintiff (Required)

I left total confinement on 5/8/10.

Respectfully submitted,

[Signature]  
Defendant's signature

Darren Smith  
Print name

3/19/2021  
Date

7650 40<sup>th</sup> St W apt 63  
Address

University Place  
city

WA  
state

98466  
zip

## 2. FINANCIAL STATEMENT/DECLARATION

☐ Public Assistance. I receive the following assistance –

☒ Supplemental Security Income (SSI)

☒ Social Security Disability Insurance (SSDI)

☒ Food Stamp (Basic Food/SNAP) Program

☐ Federal poverty-related veteran's benefits

☒ Aged, blind or disabled (ABD) or Housing and Essential Needs (HEN) benefits  
(previously GA-U, GA-X)

☐ Medical care services under RCW 74.09.035 (MCS)

☐ Pregnant women assistance benefits (PWA)

☐ Refugee resettlement benefits

☒ Medicaid

☒ Federal Temporary Assistance for Needy Families (TANF)

☐ Other \_\_\_\_\_

☒ My household income is at or below 125% of the federal poverty guidelines (FPG).

☐ My household income is above 125% FPG but I have recurring basic living expenses making me unable to pay the LFOs imposed. My best estimate of my monthly income and expenses is as follows:

<input checked="" type="checkbox"/> I provide support to people who live with me. How many? 0 Age(s): N/A			
My Monthly Income: \$ 800. <sup>00</sup>		My Monthly Household Expenses:	
Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Rent/Mortgage:	\$ 59
Employer's Name:		Food/Household Supplies:	\$ 300-400
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$ N/A
Take home pay per month:	\$	Transportation:	\$ 50 - 100
Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$
Source:	N/A	\$ 0	Ordered Child Support actually paid:
Source:	1	\$ 1	Clothing:
Source:	1	\$ 1	Child Care:
Source:	1	\$ 1	Education Expenses:
Sub-Total:		\$ 0	Insurance (car, health):
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
Total Income (all sources added together):		\$	Sub-Total:
			\$ 559. <sup>00</sup>
Cash on hand:		\$	\$
Checking Account Balance:		\$ 1,000. <sup>00</sup>	\$
Savings Account Balance:		\$ 25	\$
Auto #1 (Value less loan):		\$	\$
Auto #2 (Value less loan):		\$	\$
Home (Value less mortgage):		\$	Sub-Total:
Other:		\$	\$
Other:		\$	\$
Other:		\$	\$
Other:		\$	\$
Other:		\$	\$
Sub-Total:		\$ 0	\$
Total Household Assets:		\$ 1,000. <sup>00</sup>	Total Household Expenses and Debts (all monthly expenses added together):
			\$ 559. <sup>00</sup>

MOTION TO WAIVE OR REDUCE LFO'S AND  
FINANCIAL STATEMENT/DECLARATION  
Page 3 of 4

NAME: Darryl Lee Smith  
ADDRESS: 7650 40th St W apt 63  
University Place, WA

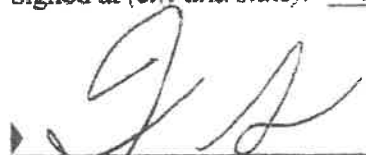
☒ Efforts to Pay Fines. I attached a copy of my LFO accounting summary showing how much, if any, I have been able to pay toward my LFOs.

☒ Other Hardships (such as illness, jail, crime victim). I have these hardships that prevent me from paying my LFOs –

I am on long term disability, I am a "child sponsor", monthly  
donor to "THORN" and have limited income.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city and state): Tacoma, WA Date: 3/9/2021

  
Signature of Defendant

Darren Smith  
Print or type name



M7

# Social Security Administration

## Retirement, Survivors, and Disability Insurance

### Notice of Award

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: March 24, 2020  
BNC#: 20M1988D70004-A



0002194 00008897 2 MB 0.439 0319MACTR7PI T43 P8

 DARREN L SMITH  
7650 40TH ST W APT 63  
UNIVERSITY PLACE WA 98466-3816



We are writing to let you know that you are entitled to monthly disability benefits from Social Security beginning July 2015.

### Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums and worker's compensation offset. We must also round down to the nearest dollar.

Beginning Date	Benefit Amount	Reason
July 2015	\$ 412.20	Entitlement began
December 2016	\$ 413.40	Cost of living adjustment
December 2017	\$ 421.60	Cost of living adjustment
December 2018	\$ 433.40	Cost of living adjustment
December 2019	\$ 440.30	Cost of living adjustment

### What We Will Pay

We pay Social Security benefits for a given month in the next month. For example, we pay Social Security benefits for March in April.

- Your first check is for \$150.40.
- This is the money you are due through March 2020.
- After that, you will receive \$295.00 on or about the third Wednesday of each month.

SEE NEXT PAGE

\*M002194\* 0301XCVFSD0919\* CTR/PI 200319 0000000100000

SUITE A  
2608 S 1430TH ST  
TACOMA WA 98409  
Date: April 8, 2020  
BNC#: 20S1141B81906 DI



0001420 00001420 4 MB 1.316 SB9FNA T21 P1  
SS1 M06 04/01 917 20S1141B81906  
DARREN L SMITH  
7650 40TH ST W APT 63  
UNIVERSITY PLACE WA 98466-3816

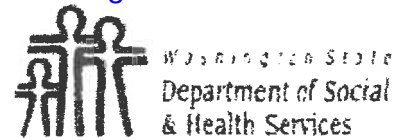
On February 28, 2020, we made a decision on the request for hearing that you filed on a Supplemental Security Income (SSI) claim dated July 5, 2016. The decision was that you meet the medical requirements to receive SSI. We now find that you meet the non-medical rules. Because of this, you are eligible for SSI as of July 2016 based on being disabled.

The rest of this letter explains your current monthly payment, your back payments, how we figured your payment amount, information about Medicaid, your reporting responsibilities, and your appeal rights.

### **Your Current Monthly Payment**

Your current monthly payment is \$783.00 for May 2020. This amount will continue unless there is a change in the information we use to determine your SSI eligibility and payment amount.

WASHCAP  
PO BOX 11699  
TACOMA WA 98411-6699



Phone # 877-380-5784  
TTY/TDD # 877-890-2632  
Toll Free # 877-380-5784

11/28/20

Client ID # 002496859

DARREN L SMITH  
7650 40TH ST W APT 63  
UNIVERSITY PLACE WA 98466 3816

Dear DARREN L SMITH

Your benefit will change beginning 01/01/21

	From	To
Basic Food Assistance (federal)	\$115.00	\$110.00

Your food benefit will be available on day 2 of each month.

Why are my benefits changing?

**For Food:**

The amount of unearned income you receive has changed.  
See WAC rule (Washington Administrative Code): 182-504-0120, 182-509-0320,  
182-509-0325, 182-512-0750, 388-418-0020, 388-450-0025, 388-450-0162, 388-492-0020,  
388-492-0030, 388-492-0070

You can check these rules online at <http://apps.leg.wa.gov/wac/>

You can:

\* Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org)

Write your client ID on all copies you send us. Your client ID is 002496859.

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.

WASHCAP UNIT - 1PJA  
877-380-5784